

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09767046

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		cancel				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10*		cancel				
11		cancel				
12		1				
13		1				
14		1				
15		1				
16		cancel				
17		cancel				
18		cancel				
19	1					
20		1				
21		1				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	18	↓		↓		↓
TOTAL CLAIMS	20					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS